

Customer No.:



07278

PATENT TRADEMARK OFFICE

Docket No.: 5986/1H320US1

**DECLARATION
AND POWER OF ATTORNEY
Original Application**

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 1 below, or a joint inventor if plural inventors are named below, of the invention entitled:

**MINIATURE PERSONAL AND AREA RADON AND THORON
MONITOR RELATED APPLICATIONS**

which is described and claimed in:

the attached specification or the specification in application Serial No. Not Yet Known, filed June 29, 2001
(for declaration not accompanying appl.)

that I do not know and do not believe that the same was ever known or used in the United States of America before my or our invention thereof or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, or in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application, that I acknowledge my duty to disclose information of which I am aware which is material to patentability in accordance with 37 CFR §1.56. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I hereby claim the priority benefits under 35 U.S.C. §119 of any application(s) for patent or inventor's certificate listed below. All foreign applications for patent or inventor's certificate on this invention filed by me or my legal representatives or assigns prior to the application(s) of which priority is claimed are also identified below.

PRIOR APPLICATION(S), IF ANY, OF WHICH PRIORITY IS CLAIMED

<u>COUNTRY</u>	<u>APPLICATION NO.</u>	<u>DATE OF FILING</u>
USA	60/214,973	June 29, 2000

**ALL FOREIGN APPLICATIONS, IF ANY, FILED PRIOR
TO THE APPLICATION(S) OF WHICH PRIORITY IS CLAIMED**

COUNTRY APPLICATION NO. DATE OF FILING

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark office connected therewith: Gordon D. Coplein #19,165, Michael J. Sweedler #19,937, S. Peter Ludwig #25,351, Paul Fields #20,298, Marc S. Gross #19,614, Joseph B. Lerch #26,936, Melvin C. Garner #26,272, Ethan Horwitz #27,646, Adda C. Gogoris #29,714, Bert J. Lewen #19,407, Henry Sternberg #22,408, Peter C. Schechter #31,662, Robert Schaffer #31,194, Robert C. Sullivan, Jr. #30,499, Ira J. Levy #35,587, Joseph R. Robinson #33,448, Scott G. Lindvall #40,325, Paul F. Fehlner, Ph.D. #35,135, David Leason #36,195

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FULL NAME AND RESIDENCE OF INVENTOR 1

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FULL NAME AND RESIDENCE OF INVENTOR 2

LAST NAME: CHITTAPORN FIRST NAME: Passaporn MIDDLE NAME:

CITY: STATE OR FOREIGN COUNTRY: COUNTRY OF CITIZENSHIP:

POST OFFICE ADDRESS: CITY: STATE OR COUNTRY: ZIP CODE:

FULL NAME AND RESIDENCE OF INVENTOR 3

LAST NAME: FIRST NAME: MIDDLE NAME:

CITY: STATE OR FOREIGN COUNTRY: COUNTRY OF CITIZENSHIP:

POST OFFICE ADDRESS: CITY: STATE OR COUNTRY: ZIP CODE:

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 1: _____ DATED: _____

SIGNATURE OF INVENTOR 2: _____ DATED: _____

SIGNATURE OF INVENTOR 3: _____ DATED: _____